

drachms. In the very great proportion of cases, however, M. Gendrin did not exceed the dose of twelve drachms, or approve of its being exceeded. The salt was always administered dissolved in a large quantity of barley-water, sweetened with sugar, the proportion being about half an ounce to a pint and a half or two pints of fluid. This was the *only* beverage allowed to the patient, and taken by him as required.

In this large number of cases I do not remember once seeing any toxic symptoms produced. The secretions of the skin and kidneys were generally increased, and sometimes those of the intestinal canal, but the principal action of the nitre seemed to be a sedative action, the pulse generally falling rapidly, both as regards frequency and strength. It is, no doubt, to this sedative counter-stimulant action that we must look to explain its undeniable efficacy in the treatment of acute rheumatism.

I do not recollect having once seen any symptoms of renal irritation or inflammation produced by these large doses of nitrate of potass, and have never heard M. Gendrin, whose experience on the subject is necessarily very great, say that he had met with such a case. M. Martin-Solon, in the communication which he made last October to the Academy, on the treatment of acute rheumatism by large doses of nitre, does not mention having observed a single instance of renal affection to the thirty-three cases which he had treated by doses varying from one to two ounces. It cannot be said of these two physicians that renal affections may have presented themselves without their having perceived it, as they are both accurate and conscientious observers, and have both paid particular attention to the pathology of the kidneys. M. Martin-Solon, indeed, is the author of one of the best French works on "albuminuria" which has yet appeared.

I have myself not only administered an ounce or more of nitre in the four-and-twenty-hours, for many days consecutively, in acute rheumatism, but also in puerperal fever and in other inflammatory diseases, with, I think, marked benefit, and without ever observing any toxic symptom.—*Lond. & Edin. Month. Journ. Med. Sci.*, 1844, from *Lancet*, Feb. 10, 1844.

21. *Sea-side Air as a Remedial Agent.* By M. GUASTALLA, of Trieste.—The influence of a marine atmosphere in the treatment of various diseases has been recognized by physicians from the earliest times. But though daily experiencing its advantages, they were ignorant of the true principles on which its salutary effects depended. And even since the discovery of the real constitution of the atmosphere, various opinions have prevailed on this point. At first it was thought that the maritime air contained a larger proportion of oxygen than other air, that gas being disengaged in the course of the incessant decomposition of sea-water. Very soon, however, sea-salt was supposed to have been recognized as entering into the composition of sea-air, and works were written recommending voyages as a means of absorbing this substance by the lungs in various diseases thought likely to benefit by it. Strange to say, the early hypothesis of the greater oxygenation of sea-air has been revived in the present day, and a M. Assegond has maintained that in phthisis complicated with inflammation, the respiration of sea-air is injurious, owing to its being too stimulant from its higher degree of oxygenation. All the great authorities in chemistry, however, are decidedly opposed to the idea of any differences in the essential elements of the air of different districts; and if the air of the country is more salubrious than that of towns, or that of marshes injurious, or that of the sea possessed of peculiar qualities, it appears to be owing to the circumstance of these varieties of air holding in suspension various foreign admixtures, for it is established that the relative proportions of the essential constituents of the atmosphere are everywhere the same. What, then, are the accidental admixtures to which marine air owes its peculiar qualities? They are precisely those which are to be looked for from the nature of the case,—chloride of sodium and free muriatic acid. But this statement must be received with some degree of qualification. It has been proved by Berzelius that the air of the sea-side contains no acid or salt in combination with itself, and that the vapours rising into

it are purely aqueous. But during the agitation of the sea, and particularly in high winds, and where the waves break violently upon the beach, a quantity of natural sea water is driven into the air, and may be conveyed to a greater or less distance according to circumstances. Thus, then, by whatever means they may have come there, sea air does contain in a state of suspension, certain proportions of sea salt, and of muriatic acid, which are inspired into the lungs, and there absorbed and conveyed into the blood. Now, the experiments of Albers and others on the respiration and absorption of these substances used medicinally, prove that, though at first chlorinated respirations irritate the nose, the eyes, and the bronchial mucous membrane, yet, when absorbed, they very speedily exert a powerful antiphlogistic influence in chronic inflammations of the chest. In addition, sea-air contains very little carbonic acid, and so is purer than the air of towns. The free ventilation on the sea-side also prevents mephitic particles from accumulating as they often do in inland situations. The aqueous vapour constantly rising into the air from the sea, is another favourable circumstance rendering it fit for respiration in a number of diseases which we know are aggravated by breathing a drier atmosphere. From the same cause, the temperature of the sea-side is milder and less liable to sudden changes. These various circumstances explain the undoubted healthiness of sea-ports and islands. Practitioners in sea-port towns, so situated as to be fully exposed to the constant influence of sea-air, have been struck with the less degree of intensity which inflammatory affections present there, compared with what they do in inland situations. It is impossible, therefore to attach any weight to the statement of some authors, that sea-air is exciting, and injurious to phthisical patients. There is a period of the disease, that of suppuration, when no means will prolong life, but it is contrary to fact to suppose that the aid of the sea will hasten death. So convinced was Laennec of the importance of this remedy in chronic diseases of the chest, that he was induced to establish a kind of marine atmosphere in the wards of the Hôpital de la Charité, by means of fresh marine plants placed around the beds, and by making the patients take infusions of such plants. In such a case, however, the resources of art must of necessity be much inferior to those of nature, and the phthisical patients sent to hospitals are generally in far too advanced a stage of the malady to benefit much by these feeble imitations. From these and many other analogous observations which might be quoted, it results, that in chronic inflammations of the chest, sea-air is of unquestionable benefit, in so far at least, that if it does not cure them all, it so far alleviates them, that they cease to be insupportable or incompatible with life. Farther, that instead of sending phthisical patients to the country to breathe the dry air of mountainous regions, they should be sent on sea-voyages or else to some well chosen, healthy, and favourably situated part of the sea-shore.—*Ibid.*, from *Annales de Thérapeutique*, Nov. 1843.

23. Successful Treatment of Ovarian Dropsy without the Abdominal Section.—J. B. BROWN, Esq., of London, relates in the *Lancet*, (May 4, 1844) four cases of, as he avers ovarian dropsy, cured by mercurials, diuretics, tonics, and *tight bandaging*, followed by tapping.

The following are the principal points of treatment.

“1. Constitutional.—Mercurials administered internally, as alteratives, and externally by friction over the abdomen, and continued till the gums are slightly, yet decidedly affected, and this affection must be continued for some weeks. I lay particular stress upon this point. At the same time diuretics must be given, and after the first week tonics should be combined with them. The food should consist of light animal diet, and should be unstimulating, and the patient should take daily exercise in the air.

“2. Local treatment.—The careful and constant application of *tight flannel* bandaging, so as to produce considerable pressure over the tumour. When it is proved that the abnormal action has been checked by a positive decrease of the tumour and a continuation of such decrease, or by a positive *non-increase* for some weeks, then the cyst should be tapped, and all its fluid evacuated.

“3. After-treatment.—Accurate padding and *tight* bandaging over the cyst